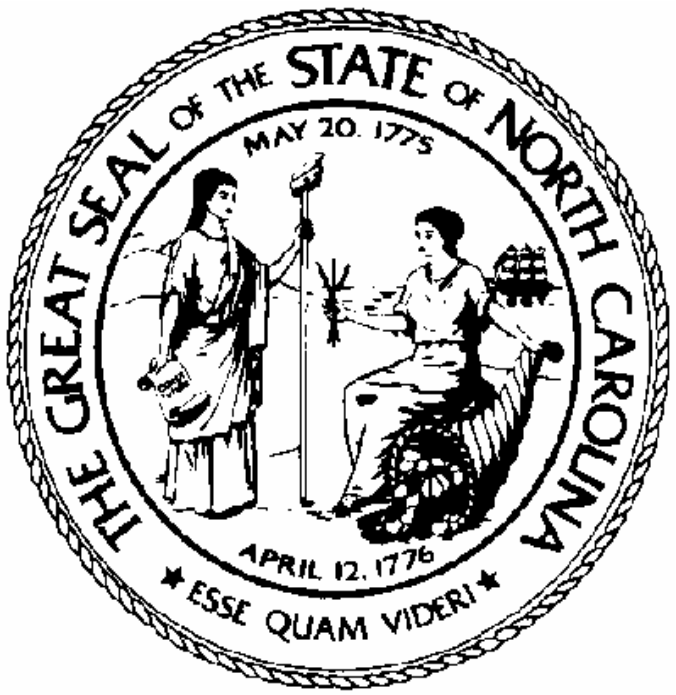
Guide to Standardized Administration of the DMH/DD/SAS Provider Monitoring Tool for Local Management Entities



North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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I. INTRODUCTION

The process of ongoing monitoring and review of mental health, developmental disabilities, and substance abuse provider agencies is one part of an interconnected flow of information and oversight by the Local Management Entity (LME). These oversight activities also include endorsement, the administration of the Frequency & Extent of Monitoring Tool (FEM), targeted monitoring, incident and complaint reporting, and periodic post-payment reviews.

The endorsement process involves the use of objective criteria by the LME to determine the provider's readiness and degree of compliance with state and federal requirements in order to effectively provide services to individuals in need of services under the Medicaid state plan. The purpose of the FEM is to assist the LME in determining the scheduling frequency and extent of local monitoring of service providers in their catchment area. The FEM is completed following the endorsement of a provider agency and is updated at least every three years or sooner as new information is received. Targeted monitoring is typically implemented when there are specific areas of concern and involves reviewing those specific areas in-depth. Reporting of incidents and complaints safeguards the health and safety of the individuals served and identifies areas of correction and improvement. Post-payment reviews are conducted to determine if the clinical interventions and treatments individuals are receiving are appropriate.

SB 163 monitoring rules were established to assure monitoring of Categories A and B providers of mental health, developmental disabilities, and substance abuse services. 10A NCAC 27G .0602 (10) categorizes providers as follows:

(a) Category A - facilities licensed pursuant to G.S. 122C, Article 2, except for hospitals; these include 24-hour residential facilities (including Psychiatric Residential Treatment Facilities [PRTFs]), day treatment and outpatient services;
(b) Category B – G.S. 122C, Article 2, community based providers not requiring State licensure

Standardization of the provider monitoring process facilitates consistency and uniformity in monitoring the performance of providers as required by SB 163. The provider monitoring tool was created to promote standardization of the process. The tool focuses on certain key areas that are important in assessing the status of a provider with regard to compliance requirements. This tool was developed as a means of identifying strengths and areas of noncompliance within provider agencies which may need further review.

II. HOW TO USE THIS GUIDE

This guide was developed to instruct LMEs on the use of the Provider Monitoring Tool. This guide details the monitoring process and provides specific instructions on the use of the tool itself. It may be printed out and used as a reference during monitoring reviews.

This manual is an expansion of and companion to the Provider Monitoring Training Guide (Appendix A) and the accompanying PowerPoint presentation (Appendix B), tools developed to assist lead monitors in training staff at the LME who will be participating in the provider monitoring reviews.

All the appendices referenced in this manual can be found on the Provider Monitoring web page at http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm.

III. Scope and Purpose of the Review

The Provider Monitoring Tool identifies certain key areas of performance that are critical in assuring compliance in provision of services to consumers.

The Provider Monitoring Tool is designed to:

- Assess provider performance in an efficient manner
- Identify areas requiring more follow-up or in-depth inquiry

This tool uses a broad-based approach to enable LMEs to identify red flags or triggers to **direct staff resources where they are most needed for more in-depth or targeted monitoring.** The tool does not cover every DMH/DD/SAS requirement, nor is it intended to be used for clinical reviews or in-depth reviews of specific services; however, the tool assesses areas deemed to be critical to provision of quality services and is grounded in rule. Appendix C outlines the rule, statute, or policy that applies to each area assessed by the tool.

This tool is intended to assess a provider's performance in certain areas across all its services; it; it is not intended to be used to review each site a provider agency has or each service provided separately. The tool is not intended to be used in isolation to make re-endorsement decisions, but it can be used to augment the process. The process is not intended to duplicate other oversight responsibility outside DMH/DD/SAS.

This tool is designed to be used for routine local monitoring of Categories A and B providers of Medicaid-funded services (fee-for-service and CAP-MR/DD Waiver) and State-funded services, including alternative services. CAP-MR/DD services will not be reviewed as individual services, but according to the clusters outlined in Appendix D. Community Support-Individual (i.e., Community Support-Adult, Community Support-Children/Adolescents), and Community Support-Group are also treated as a cluster with all populations represented in the sample to the extent possible. Community Support Team is a separate service and should not be grouped with Community Support-Adult, Community Support-Children/Adolescents, and Community Support-Group.

This tool is not intended to be used in the monitoring of Category C providers (hospitals, state-operated facilities, nursing homes, adult care homes, family care homes, foster care homes or child care facilities) or Category D providers (individuals providing only outpatient or day services and are licensed or certified to practice in the State of North Carolina).

The Provider Monitoring Tool is designed to enable LMEs to assess provider agencies within their catchment (service) areas that serve individuals funded by Medicaid and/or State appropriations on two levels:

- Organizational Level: Reviews the agency's quality management program, the documentation and verification of staff competencies, experience and training, and the response to incidents and complaints.
- Person-Centered Level: Reviews the various services the agency provides to individuals to assess the provision of person-centered planning, person-centered services and supports, and safeguarding individual rights

IV. DESCRIPTION OF THE TOOL

The Provider Monitoring Tool is divided into six domains:
Organizational Domains:

1. Quality Management
2. Protection from Harm—Provider Response to Incidents and Complaints
3. Staff Competencies and Experience

Person-Centered Domains:

4. Person-Centered Planning
5. Person-Centered Services & Supports
6. Individual Rights

Each domain is divided into Key Elements as outlined below.

Domain 1: Quality Management

- 1A-Quality Management Plan
- 1B-Quality Assurance/Quality Improvement Activities
- 1C-Use of Data
- 1D-Risk Management
- 1E-Safeguarding Rights

Domain 2: Protection from Harm—Provider Response to Incidents and Complaints

- 2A-Incident Reporting
- 2B-Timely Submission of Incidents
- 2C-Response to Incidents
- 2D-Response to Complaints
- 2E-Plan of Correction Submission and Implementation

Domain 3: Staff Competencies and Experience

- 3A-Qualifications/Experience
- 3B-Background Checks
- 3C-Job Description/Understanding
- 3D-Clinical Supervision
- 3E-Individual-Specific Training
- 3F-Required Training

Domain 4: Person-Centered Planning

- 4A-Introductory Person-Centered Plan
- 4B-Person-Centered/Service Plan Incorporates Assessment
- 4C-Plan Addresses Individual's Needs
- 4D-Crisis Plan
- 4E-Qualified Professional Monitors Implementation and Revises

Domain 5: Person-Centered Services and Supports

- 5A-Service Implementation
- 5B-Coordination of Services
- 5C-Need for Changes Communicated

Domain 6: Individual Rights

- 6A-Informed of Complaints Process
- 6B-Informed of rights
- 6C-Funds/Possessions
- 6D-Restricitve Interventions

The Key Elements are divided into subelements for each aspect of the Key Element that is assessed. For example, in Domain 1, Key Element 1A has been divided into three subelements: 1A.1a, 1A.1b, 1A.1c:

- 1A. The provider has a current written quality management plan that integrates QA/QI throughout the organization.
    - 1A.1a The provider has a current QM plan that reflects its current organizational structure and services. The plan has been reviewed and updated as needed to incorporate relevant changes in its operations and goals
    - 1A.1b The QM plan integrates QA and QI processes throughout the organization including the provider's clinical and business practices
    - 1A.1c The provider integrates feedback from external sources (e.g. LME monitoring, accrediting organization surveys, DMH/DD/SAS audits, etc.) into its QM program and develops and implements plans of correction /improvement as required

Through an electronic scoring system, the rating for each subelement is automatically aggregated to generate a single rating for the Key Element. The rating for the Key Element is automatically displayed on the Provider Monitoring Report. The Provider Monitoring Report is an individualized report for each provider that incorporates an explanation of important findings and results.

The tool has been automated to make the process more efficient, which saves time and allows monitoring resources to be directed to where they are most needed.

V. RELATIONSHIP OF THE FEM TO THE PROVIDER MONITORING TOOL

The Frequency and Extent of Monitoring (FEM) Tool assesses level of confidence and determines the frequency of provider monitoring. The Provider Monitoring Tool is the standardized tool used by the LME after the FEM has been completed. The score on the FEM determines frequency of provider monitoring as follows:

- High: Onsite regularly scheduled local monitoring a minimum of once every three years. May coincide with (re)endorsement (and the update of the FEM).
- Moderate: Onsite regularly scheduled local monitoring a minimum of once every 12-18 months, as appropriate.
- Low: Onsite regularly scheduled local monitoring a minimum of two times per year, as appropriate. (Of the two visits, the standardized provider monitoring tool must be used in its entirety for only one of the local monitoring events. Other site visits, to include targeted monitoring, visits may qualify as the second visit.)

The FEM is to be updated based on the receipt of new information or when significant changes occur that may affect the frequency and/or extent of scheduled monitoring. It may also be updated upon the request of the provider. If a provider scores high on the Provider Monitoring Tool, but had previously scored low or moderate on the FEM, the FEM should be re-administered.

Appendix E is an illustration of the Key Elements of the Provider Monitoring tool that align with the Measures in the FEM. The table shows where the Provider Monitoring Tool and FEM intersect. It also shows how Key Elements on the Provider Monitoring Tool are assessed (i.e. interview or documentation review) and may be used as a quick reference to determine which worksheet is used to assess a given Key Element or where a given Key Element might be assessed by both interview and documentation review.

VI. PHASES OF THE PROVIDER MONITORING PROCESS

There are three phases of the monitoring process:

- Pre-monitoring—this includes notifying the provider of the monitoring visit (unless the visit is to be unannounced) and the desk review of documentation prior to the visit as well as organizing the team for the on-site visit
- On-site—this includes all the tasks involved in completing the worksheets (e.g. interviews, personnel and service record reviews) as well as the debriefing with the provider
- Post-monitoring—this includes completion and dissemination of the report to the provider, all follow-up on required actions as indicated, summarization of provider performance, and the feedback survey related to the tool and process

Sections VI-XIV of this guide discuss, in detail, the activities associated with each phase of the monitoring process.

VII. ORGANIZING THE MONITORING REVIEW TEAM FOR THE ON-SITE VISIT

One reviewer should be assigned as the team leader to organize the team prior to the on-site visit, to coordinate the team's activities while on-site, and for completion and dissemination of the report. The team leader should request that the provider assign a "liaison" to the team for coordination of review activities and communication during the review.

The LME should notify the provider of the review **no more than two weeks in advance of the on-site visit.** A standardized letter outlining the provider monitoring process and detailing what will be reviewed during the visit should also be sent to the provider (see Appendix F). Notification of the sample selection should occur **not more that one day prior to the on-site visit**. The LME has the right and responsibility to conduct unannounced reviews if necessary.

VIII. DESK REVIEW ACTIVITIES PRIOR TO THE ON-SITE REVIEW

While most of the review is completed on-site, the monitoring team should gather and review the following documents as a desk review prior to the site visit:

- All level II and III incident reports received from the provider agency since the last monitoring review or within the past year, whichever is more recent;
- All complaints received by the LME regarding the provider agency since the last monitoring review or within the past year, whichever is more recent;
- All reports available to the LME regarding allegations of abuse, neglect and exploitation pertaining to the provider agency from the last year or since the last monitoring review, whichever is more recent;
- All complaint investigations completed by DMH/DD/SAS, Division of Health Service Regulation (DHSR), Division of Social Services (DSS), or the LME pertaining to the provider since the last monitoring review or within the past year, whichever is more recent;
- All plans of correction that resulted from substantiated complaint allegations since the last monitoring review or within the past year, whichever is more recent;
- The provider's most recent Quality Management Plan (and data reports, if available);
- DMH/DD/SAS' Person-Centered Planning Instruction Manual

Consulting with other staff responsible for monitoring the provider may provide additional information that can sensitize the monitoring team to any issues to be aware of during the review and/or other monitoring visits taking place at the same time.

IX. THE WORKSHEETS

The six worksheets accompanying the Monitoring Tool each represent a different task in the monitoring process across the six domains. The Worksheets are separated into either documentation/record reviews or structured interviews of agency personnel or consumers/guardians. The Key Element ratings and comments entered on the worksheets are automatically entered on the Provider Monitoring Report.

Most domains require more than one method of gathering evidence. For example, in reviewing the provider's QM Plan, it may be necessary to interview managers about how QA/QI processes described in the QM plan are used throughout the organization.

In general, documentation reviewed related to the three organizational domains is that which has been generated since the last monitoring review or within the last year, whichever is more recent. For the three person-centered domains, the documentation reviewed is that which has been generated since the last monitoring visit or within the last six months, whichever is more recent.

If ratings are not entered electronically during the on-site review, Appendix G (Rating Choices) may be printed out and a separate worksheet may be used for each record review or interview conducted. This allows the reviewer to circle the appropriate rating choice for each subelement. The data may then be entered electronically off-site.

Specific instructions for entering data electronically into the worksheets may be found in Appendix H.

Worksheet #1: Provider Documentation Review Worksheet

Domain: Quality Management
Applicable Key Elements in the Tool:

- 1A.1—QM Plan
- 1B.1—QA/QI Activities
- 1C.1—Use of Data for QM
- 1D.1—Use of Incident/Complaint Data for RM
- 1E.1—Safeguarding Rights

This worksheet is a review of documentation related to the provider organization. The focus of the review is to look at quality management, incident/complaints, and individual rights. If the documentation is requested from the provider in advance, much of this review can be conducted as a desk review prior to the on-site visit.

Documentation requested from the provider agency includes:

- Provider agency's Quality Management Plan
- Documentation tracking quality improvement initiatives
- Minutes from committees that address quality management
- Sample data reports for tracking complaints, incidents, consumer satisfaction
- Provider agency's grievance/complaints and rights policies and procedures
- Minutes of Client Rights/Intervention Committee meetings as allowable in 10A NCAC 27G .0504

Guide for the Reviewer:
Requesting that the provider gather and provide materials ahead of time saves time during the review. Some of the review from this Worksheet can be completed as a desk review prior to the onsite monitoring review.

While the worksheets may be completed by more than one reviewer, it is probably best for one person to complete Worksheet 1 in order to maintain continuity in the review process.

Evaluation of the QM component is intended to be done primarily through a review of documentation; however, it may be supplemented with interviews with staff and other key informants in order to make a determination about a given area. During any interviews conducted as probes in Worksheet 6, it is important to ask for specific examples that can be used as evidence to substantiate that the QM plan/process is being implemented.

Worksheet #2: Personnel Documentation Review

Domain: Staff Competency
Applicable Key Elements in the Tool:

- 3A.1—Qualifications/Experience
- 3B.1—Background Checks
- 3C.1—Job Description
- 3D.1—Clinical Supervision
- 3F.1—Required Training

This worksheet encompasses a review of the personnel of the provider agency across the services the organization provides. The maximum number of personnel records reviewed is based on the number of services the agency provides as specified in the sampling methodology below. Appendix I outlines the maximum resource intensity of the Provider Monitoring Tool based on the number of services provided by the agency.

Documentation requested from the provider agency includes:

- Personnel records
- Supervision plans
- Training records and calendars
- Staffing schedules and timesheets (where applicable)
- Provider's policies on hiring qualified staff

Sample:

- If provider has only 1 service, review 8-10 personnel records (if the provider has fewer than 8 personnel, review the records for all personnel)
- If the provider has 2-3 services, review 5 personnel records from each service
- If the provider has 4-6 services, review 3 personnel records from each service
- If the provider has 7-10 services, review 2 personnel records from each service
- If the provider has more then 10 services, review at least 1 personnel record from each service
- For the personnel record review, review the records of clinical staff or paraprofessional staff and those responsible for their clinical/professional supervision
- For providers of CAP-MR/DD and Community Support: CAP-MR/DD services will not be reviewed as individual services, but according to the groupings outlined in Appendix D. Community Support-Adult, Community Support-Children/Adolescents, and Community Support-Group are also clustered. Sampling should include providers of all population groups served by the provider to the extent possible. Note that Community Support Team is a separate service and should not be grouped with Community Support-Adult, Community Support-Children/Adolescents, and Community Support-Group.

Guide for the Reviewer:
Review provider's policies on hiring qualified staff, personnel files for provider compliance with required qualifications.

Note that documentation review may be supplemented with interviews with staff and other key informants when necessary to determine a rating for a given area.

Worksheet #3: Personnel Interview

Domains: Quality Management, Protection from Harm, Staff Competency
Applicable Key Elements in the Tool:

- 1A.2—QM Plan/Activities
- 1D.2—Use of Incident/Complaint Data for RM
- 2C.2—Response to Incidents
- 3C.2—Job Description/Understanding
- 3D.2—Clinical Supervision
- 3E.2—Individual-Specific Training
- 3F.2—Required Training Tracking System

This worksheet is used by the monitor to interview personnel of the provider agency across the services the organization provides. The maximum number of personnel interviews conducted is 10. Appendix I outlines the maximum resource intensity of the Provider Monitoring Tool based on the number of services provided by the agency.

Sample:

- From the Personnel Documentation sample, interview 8-10 personnel
- If the provider has fewer than 8 personnel, interview all personnel
- Interview staff who have been employed by the provider for at least 6 consecutive months and have worked with the sampled individuals for at least 60 days
- For questions related to the provider's response to incidents (questions under 2C.2) pick a sample of at least 5 staff from the incidents reviewed in Worksheet #6
- Identifying a larger sample than what is actually required by the sampling methodology above can help ensure all interviews are conducted in order to complete the worksheet. In the event that a staff person is not available for interview within a reasonable time, another staff person in the sample can be interviewed.

Guide for the Reviewer:
The worksheet contains suggested questions to assist the reviewer in gathering sufficient information to make a rating decision. As long as questions are pertinent to determining a rating, reviewers may revise and alter questions to fit the interview circumstances.

- Asking the provider "liaison" to assist in coordinating the interviews can help ensure that all interviews are completed in a timely manner.
- Ask the provider to have the service record(s) of sampled individual(s) that the personnel being interviewed is serving available for review. The term 'supervisor' refers to all QPs or others designated to supervise other provider staff.
- Each question is applicable to all types of staff UNLESS indicated in the question that it is for a particular category of staff. For example, question 3F.2 notes that this is to be asked only of supervisors or managers.

Interviews may be supplemented with a documentation review or additional interview questions in order to determine a rating for a given area.

Worksheet #4: Service Record Documentation Review Worksheet

Domains: Person-Centered Planning, Person-Centered Services & Individual Rights
Applicable Key Elements in the Tool:

- 4A.1—Introductory Person-Centered Plan
- 4B.1—PCP/Service Plan Incorporates Assessment
- 4C.1—Plan Addresses Individual's Needs
- 4D.1—Crisis Plan
- 4E.1—QP Monitors Implementation and Revises
- 5A.1—Service Implementation
- 5B.1—Coordination of Services
- 5C.1—Need for Changes Communicated
- 6B.1—Informed of Rights
- 6C.1—Funds/Possessions
- 6D.1—Restrictive Interventions

This worksheet is used to review service records for a sample of individuals being served by the provider agency across the services the organization provides. The maximum number is based on the number of services the agency provides as specified in the sampling methodology below. Appendix I outlines the maximum resource intensity of the Provider Monitoring Tool based on the number of services provided by the agency.

Documentation requested from the provider agency includes:

- Service records of sampled individuals
- Restrictive intervention logs
- Records of accounting for personal funds for sampled individuals
- Minutes from clients rights committee meetings related to restrictive interventions as allowable in 10A NCAC 27G .0504
- 24/7 response calendar

Sample:

- If provider has only 1 service, review 8-10 open consumer records (if the provider serves fewer than 8 consumers, review all records)
- If the provider has 2-3 services, review 5 open consumer records from each service
- If the provider has 4-6 services, review 3 open consumer records from each service
- If the provider has 7-10 services, review 2 open consumer records from each service
- If the provider has more than 10 services, review at least 1 open consumer record from each service
- For the consumer record review, select the number of service records indicated by the sampling methodology. If more than one record is indicated, obtain them from different age and/or disability groups if possible.
- CAP-MR/DD and Community Support-Individual and Community Support-Group are clustered according to the groupings noted above. When a Community Support provider serves adults and children and adolescents, the sampling should include both population groups to the extent possible. Community Support Team is a separate service and is not grouped with Community Support-Individual and Community Support-Group.

Guide for the Reviewer:
Areas of the service record reviewed include assessments, Person-Centered Plans or service plans, service notes, consents and client rights acknowledgments. Where applicable, also review records of accounting for consumers' personal funds, restrictive intervention logs, and client rights committee minutes related to restrictive interventions.

Worksheet #5: Individual/Legally Responsible Person Interview

Domains: Person-Centered Planning, Person-Centered Services & Individual Rights
Applicable Key Elements in the Tool:

- 4C.2—Plan Reflects Individual's Needs
- 4E.2—QP Monitors Implementation and Revises
- 5A.2—Service Implementation
- 6A.1—Informed of Complaints Process
- 6B.2—Informed of Rights
- 6C.2—Funds/Possessions

This worksheet is used for interviews with a sample of individuals and/or legally responsible persons across all the services the agency provides. The maximum number of individual/legally responsible person interviews is 10. Appendix I outlines the maximum resource intensity of the Provider Monitoring Tool based on the number of services provided by the agency.

Sample:

- From the Record sample (above), interview 8-10 individuals (or legally responsible person)
- If the provider serves fewer than 8 individuals, interview all individuals
- If possible, interview at least 2 individuals per disability and age group (if a child, interview the parent and/or legal guardian)

Guide for the Reviewer:
These questions are guides for the reviewer and are not to be considered as the only way to ask a particular question. The reviewer has flexibility to alter questions to suit the situation and best communicate the intent of a question. Reviewers should tailor the questions to the ability of the consumer/legally responsible person to understand. Questions may also be reworded as needed when interviewing the legally responsible person. When necessary, ask the person being interviewed to elaborate as necessary (rather than just to accept "yes" or "no" responses) in order to collect sufficient information to aid in answering the question and monitoring the provider.

Start the interview with an introduction, explaining who you are and why you would like to ask the individual some questions about their services. Let the individual know that this is voluntary, that they should feel free to decline to be interviewed. Advise the individual that there is no right or wrong answer; it is his or her perspective on the services that the person is receiving. It is possible that the individual has also participated in other surveys that ask similar questions. Let the individual know that while this may occur, his or her perspective on the provider's services is very important even though there might be some duplication.

Worksheet #6: Incident and Complaint Documentation Review Worksheet

Domain: Protection from Harm
Applicable Key Elements in the Tool:

- 2A.1—Incident Reporting(Categorization)
- 2A.2—Incident Reporting(Notification)
- 2B.1—Timely Submission of Incidents
- 2C.1—Response to Incidents
- 2D.1—Response to Complaints
- 2E.1—POC Submission and Implementation

This worksheet is used to review incidents and complaints across the provider agency. Use a single worksheet to rate all incidents or complaints in the sample in order to obtain an overall rating for the entire provider agency. The maximum number of incidents reviewed is 15 and the maximum number of complaints reviewed is 9. Appendix I outlines the maximum resource intensity of the Provider Monitoring Tool based on the number of services provided by the agency.

Documentation requested from the provider agency includes:

- Complaints and rights policies and procedures
- Policies and procedures related to response to incidents
- All Level I (from the provider), Level II and III incident reports and complaint reports (substantiated and unsubstantiated) from the past year or since the last monitoring review, whichever is more recent.

Sample:

- Select 9 incidents from the report to review (3 from each Level I, II, and III category) across all the provider's services in the LME catchment area. (Level I incidents will be reviewed only to verify that they were properly classified as Level I incidents.)
- If there are no Level III incidents, select more Level II incidents in order to have a total of 9 incidents
- Incidents are selected from **each service if possible**
- If the provider has fewer than 12 incidents, review all incidents.
- Randomly select 9 documented complaints within the past year or since the last monitoring, whichever is more recent. If there are fewer than 9 complaints, review them all.

Guide for the Reviewer:
If during the review of an individual's service record or restrictive intervention log, a team member finds an incident that is not in the sample, the incident will be reviewed in the record and with the consumer and/or staff. Then add this incident to the audit sample (up to a total of 15 incidents with no more than 2 incidents for the same consumer).

X. RATINGS

Ratings for each subelement are determined on-site, either by using the drop-down menu on the worksheets (when completing the worksheets electronically*) or by printing Worksheets #1-#6 in the Excel file titled Provider Monitoring Report Showing Rating Choices or by printing the blank worksheets and completing the using the Rating Choices sheet (see Appendix G) as a reference. Refer to Appendix H for more detailed instructions on entering ratings onto the

worksheets.

Once all relevant information has been reviewed and assessed, the reviewer assigns a rating to each element/subelement from the choices provided on the monitoring worksheet. Appendix I provide sample data that has been entered onto the tool and shows the corresponding rating choices. Appendix J is the template for the monitoring report, which is automatically generated based on the data populated onto the worksheets. Appendix J should be downloaded and used to generate a report for each provider monitoring event.

Each worksheet has space provided for comments under every key element. The comments add value to the report above and beyond the actual ratings. It is important for the comments to document any relevant information related to the key element/subelement (i.e. why a key element/subelement is "not met" or what service the "not met" finding was related to). The comments should be brief, but should descriptive enough to allow the provider to use them to improve services and/or develop a plan of correction. Comments should address strengths as well as weaknesses.

While rating decisions should be made based on the data as it exists at the time of the review, a reasonable effort should be made to allow the provider to validate compliance. If the documentation is not present in the personnel or service record, do not assume that it does not exist. Notify the provider of the missing information and ask them to locate it and make it available by the end of the monitoring visit. If the provider can provide documentation to substantiate compliance, then the key element/subelement should be rated "met" (or whatever descriptive rating signifies "met). The reviewer may find that the documentation provided shows that the provider was not in compliance. For example, a Health Care Personnel Registry check conducted the after the staff person had worked for the agency for a month would mean that the provider was out of compliance for that particular staff person and a "not met" rating should be assigned. The comments should address that the "not met" was assigned based on the fact that the HCPR check was not conducted upon hire.

Some elements/subelements provide a "**Not Applicable**" rating option. This was done for elements/subelements that were anticipated to not apply to all providers or to a particular document or interview in the sample. For example:

- On Worksheet 1, in the case of subelement 1A.1d, "The provider integrates feedback from external sources (e.g. LME monitoring, accrediting organization surveys, DMH/DD/SAS audits, etc) into its QM program and develops and implements plans of correction/improvement as required." It was anticipated that there may be providers who have not received feedback from external sources that would require or result in the provider developing a plan of correction/improvement. In this case, the subelement would be rated "Not Applicable."
- On Worksheet 2, in the case of subelement 3A.1a, "Verify the provider's hiring policy and procedure meets minimum state requirements and is followed for sample of licensed professionals, qualified professionals, associate professionals, and paraprofessionals: License/Certification." It was anticipated that there may be individual provider staff in the sample of records reviewed that are not required to be licensed/certified.
- In both of the above cases, the monitoring tool gives the provider credit for a "Not Applicable" rating in determining the overall rating for the element.

All elements/subelements provide a "**Not Rated**" rating option. This rating option was provided to allow for cases where the subelement could not be rated for any number of reasons (e.g. an

interviewee declined to answer a question or was unable to complete the interview for reasons beyond their control, the LME opted to use the monitoring tool worksheet(s) to conduct focused monitoring, etc.). The monitoring tool ignores ratings that are marked "Not Rated" when calculating the overall rating for the element. If an element/subelement is marked "Not Rated", the reviewer should provide a brief explanation in the comments section.

If the reviewer determines that an element/subelement is "Not Applicable", and this rating option was not provided, the reviewer should assign a "Not Rated" to that element/subelement and explain the reason that it is not applicable in the comments section.

When the worksheets are completed electronically, the tool automatically calculates the provider's overall rating for the element as High, Moderate, or Low and enters this rating on the monitoring worksheet and on the provider monitoring report. The provider monitoring report adds text to each rating to explain what it means. Note that for a few Key Elements only a High or Low rating is possible.

*It is recognized that LMEs will use various combinations of staff and divide the review tasks according to available staff resources. If more than one reviewer gathers data for a certain worksheet, the data must all be entered into one master file in order to generate the Provider Monitoring Report. For example, if three reviewers conduct personnel interviews (Worksheet #3), data entry will be coordinated among the three reviewers to ensure all results and findings are entered into one master file.

XI. DEBRIEFING

At the end of the monitoring visit and while on site, the members of the LME's monitoring team shall engage in a brief verbal review of the findings. A designated member of the team shall offer to share the highlights of the findings with the provider agency's designee. The debriefing should be very general and should address strengths as well as weaknesses identified during the monitoring visit. A cursory verbal review of the results will be offered at the end of the monitoring visit which may not be inclusive of all findings. Advise the provider agency's designee that the LME will have the final written report to the provider agency within 10 business days of the close of the monitoring visit.

The LME shall report/discuss potentially harmful findings related to health and safety directly with the provider while on-site. Serious/critical health and safety issues shall be reported to the appropriate authority immediately (e.g. DHSR in the case of licensed facilities).

XII. PROVIDER MONITORING REPORT & REQUIRED ACTIONS

The Provider Monitoring Report contains a single rating for each Key Element for the entire provider agency (across all sites/services). The ratings indicate areas where the provider is doing well and where improvement is needed. The Required Action refers to the disposition automatically assigned to each Key Element based on the rating for that Key Element. Appendix L summarizes the required actions for each possible rating for each Key Element.
The Provider Monitoring Report automatically assigns each Key Element a required action based on the element's rating (explained below).

- No Action (NONE) – When this action is assigned to an element, it signifies that all requirements associated with the item's subelements are being met or exceeded by the provider agency. There are no other actions required of the LME or the provider related

to this element; however, this does not preclude a review team member from making a comment for any subelement in the space provided.

- Recommendation for Improvement (REC) – When this action is assigned to an element, it signifies to the provider agency the need for improvement in one or more specified areas. Findings may indicate that not all criteria associated with the subelements are being met or that one or more of the methods by which the provider agency attempts to meet the criteria are deficient in accomplishing the purpose. The comments and/or recommendations generated for each subelement (required for those that do not earn the highest rating) will populate the report and may suggest a specific action (e.g., technical assistance, training, or consultation) or may simply identify the criteria that need to be addressed. There will be no formal follow-up required, but the item(s) may be scrutinized during the next monitoring visit.

- Plan of Correction (POC) – When this action is assigned to an element, it signifies that there is a deficiency in one or more the item's subelements sufficient to require a POC. There will be one comprehensive POC, developed by the provider agency, addressing all elements with this action required. If the highest required action is a POC, the POC will be developed and implemented according to the process outlined in the DMH/DD/SAS Policy and Procedure for the Review, Approval and Follow-up of Plan(s) of Correction (Appendix M).

- Plan of Correction with Focused Monitoring (POC-FM) – Focused monitoring is the highest level of follow-up that occurs from the provider monitoring process. When this action is assigned to an element, it signifies that there is a deficiency in one or more areas sufficient enough to require further monitoring to determine the extent of the problem prior to issuing the request for the POC. No later than 15 calendar days after receipt or attempted delivery of the report, the LME will complete an on-site focused (targeted) monitoring addressing all areas of deficiency. Based on the results of this focused monitoring, a POC will be requested to address the specified areas. There shall be one comprehensive POC developed by the provider agency, addressing all areas requiring a POC. In the case of small provider agencies, where all staff/consumers were reviewed and the required action is POC-FM, the FM may not be possible since there may be nothing further to review. The LME should discuss this with the provider and follow up the area as with any other POC. While Community Support-Adult and Community Support-Children/Adolescents, and Community Support-Group reviewed as a cluster during the review, they are endorsed separately and must be reviewed separately if the required action is focused monitoring.

The identified team leader should ensure the completed report is received by the provider within 10 business days of the completion of the monitoring. The report and individual worksheets should be sent to the provider along with the standardized letter provided in Appendix N.

Follow-up monitoring may be conducted to verify that needed improvements and corrective actions were made and were successful. If a provider performs well on the monitoring tool, and follow-up monitoring is not needed, the next formal monitoring will be scheduled according to the FEM guidelines.

XIII. SUMMARY OF PROVIDER PERFORMANCE WITHIN LME CATCHMENT AREA

The tool includes a database that can be used to consolidate, track, and analyze the results of provider monitoring visits for multiple providers or multiple reviews of the same provider.
It may be used to identify and track trends within the catchment area or to prioritize future monitorings. Refer to Appendix H for detailed instructions for setting up and using the database.

XIV. SURVEYS FOR LMES AND PROVIDERS ON THE PROVIDER MONITORING TOOL AND PROCESS

Two surveys were developed to offer opportunities for both LMEs and providers to give feedback on the Provider Monitoring Tool and the process. The survey should be completed within a week of the completion of the tool. Copies of the surveys are included as Appendices O and P of this guide. These surveys have been approved by the Provider Monitoring Tool workgroup and will be available online through NC DHHS Survey Max*. Responses to survey questions may be entered electronically and this data will be reviewed and analyzed periodically and used to refine the tool when needed. *Note: once the survey is available through Survey Max, the link will be available in this guide as well as on the division's website. Until this occurs, please fax completed surveys to Jamie Maginnes at (919) 508-0968.

APPENDIX A: PROVIDER MONITORING TRAINING GUIDE

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX B: PROVIDER MONITORING TRAINING WORKSHOP (PowerPoint Presentation)

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX C: LME PROVIDER MONITORING TOOL: KEY ELEMENTS CITATION TABLE

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX D: CAP-MR/DD WAIVER SERVICE GROUPINGS/ CLUSTERS

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX E: PROVIDER MONITORING MASTER LIST OF DOMAINS AND KEY ELEMENTS AND CROSSWALK WITH THE FREQUENCY AND EXTENT OF MONITORING (FEM) TOOL

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX F: NOTIFICATION TO PROVIDER AGENCY OF PROVIDER MONITORING SITE VISIT

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX G: RATING CHOICES

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX H: INSTRUCTIONS AND TIPS FOR USING THE PROVIDER MONITORING REPORT EXCEL FILES

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX I: SAMPLE DATA SHOWING RATING CHOICES

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX J: PROVIDER MONITORING TOOL TEMPLATE (READY TO USE)

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX K: MAXIMUM RESOURCE INTENSITY OF THE PROVIDER MONITORING TOOL BASED ON THE NUMBER OF SERVICES PROVIDED BY AN AGENCY

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX L: RATINGS AND ACTIONS REQUIRED

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX M: PLAN OF CORRECTION POLICY

The Plan of Correction Policy has been revised and will be posted soon on the division's website; it will be available on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX N: COVER LETTER FOR PROVIDER MONITORING REPORT

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX O: LOCAL PROVIDER MONITORING SURVEY FOR LMES

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm

APPENDIX P: LOCAL PROVIDER MONITORING SURVEY FOR PROVIDERS

This document can be found on the Provider Monitoring Tool web page at:

http://www.dhhs.state.nc.us/mhddsas/provider_monitor_tool/index.htm